PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **0160**

CERTIFICATE OF DEATH

REGISTRAR'S NO. *215*

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY **Maricopa**

B. LENGTH OF STAY
IN THIS TOWN **19 yrs** IN ARIZONA **19 yrs**

2. USUAL RESIDENCE (WHERE DECEASED LIVED) IF INSTITUTION: RESIDENCE BEFORE ADMISSION
A. STATE **Arizona** B. COUNTY **Maricopa**

C. CITY OR TOWN **Phoenix** — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS

C. CITY OR TOWN **Phoenix** — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **Maricopa County General Hospital**

D. STREET (IF RURAL, GIVE LOCATION) ADDRESS **1301 West Pima** E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) **LUELLA** B. (MIDDLE) C. (LAST) **BROWN**

4. SEX **Female** **5. COLOR OR RACE** **Negro** **6A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married**

6B. NAME OF SPOUSE **West Brown**

7. DATE OF BIRTH MONTH **8** DAY **24** YEAR **1917**

8. AGE (IN YEARS LAST BIRTHDAY) **44** IF UNDER 1 YEAR MONTHS / DAYS — IF UNDER 24 HRS. HOURS / MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) **Housewife**

9B. KIND OF BUSINESS OR INDUSTRY **Home**

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Okla.**

11. CITIZEN OF WHAT COUNTRY? **U.S.A.**

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) **No** (IF YES, WAR OR DATES OF SERVICE) **None**

13. SOCIAL SECURITY NO. **Unknown**

14A. FATHER'S NAME **Manuel Wright**

14B. BIRTHPLACE (STATE OR COUNTRY) **Unknown**

15A. MOTHER'S MAIDEN NAME **Lula Hughes**

15B. BIRTHPLACE (STATE OR COUNTRY) **Unknown**

16. INFORMANT'S SIGNATURE **Mr. Leo Brown** ADDRESS **1944 W. Cocopah**

17. DATE OF DEATH (MONTH) **January** (DAY) **11** (YEAR) **1962**

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) **Uremia**

‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) **Pyelonephritis, chronic**

DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. **Arterial hypertension** **Cardiac hypertrophy**

PLACE DISEASE CONTRACTED.

20. AUTOPSY? YES ☒ NO ☐

19A. DATE OF OPERATION **19B. MAJOR FINDINGS OF OPERATION**

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **January 7, 1962** TO **January 11, 1962**, THAT I LAST SAW THE DECEASED ALIVE ON **January 11, 1962**, AND THAT DEATH OCCURRED AT **11:10 A.**M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (REGISTRAR OR TITLE) *Margaret Valle, M.D.*

22B. ADDRESS **3435 W. Durango, Phoenix, Ariz.**

22C. DATE SIGNED **1-15-62**

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)

23B. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

25B. DATE **1-16-62**

25C. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery**

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Phoenix, Ariz.**

26A. DATE REC. BY LOCAL REG. **1/16/62**

26B. REGISTRAR'S SIGNATURE *Buford Johnson*

27A. FUNERAL DIRECTOR'S SIGNATURE *John H. Wibber*

27B. ADDRESS **1641 E. Jefferson**

28A. EMBALMER'S SIGNATURE *John H. Wibber*

28B. EMBALMER'S CERT. NO. **353-R**

FORM VS-2 REV. 5-9-60 - 30M